
County: Brown
BROWN COUNTY HEALTH CARE CENTER/BAYVIEW-FDD
2900 ST ANTHONY DRIVE
GREEN BAY 54311 Phone: (920) 391 GREEN BAY 54311 Phone: (920) 391-4700
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 61
Total Licensed Bed Capacity (12/31/00): 64
Number of Residents on 12/31/00: 61 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** No No Average Daily Census: 62

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	₋	Less Than 1 Year 1 - 4 Years	8. 2 27. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	100. 0 0. 0	Under 65 65 - 74	88. 5 6. 6	More Than 4 Years	63. 9
Respi te Care	No	Mental Illness (Other)	0.0	75 - 84	4. 9		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	0. 0 0. 0	Full-Time Equivalen	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	11. 5		
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	0. 0 0. 0	Sex	%	RNS LPNS	5. 9 8. 1
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	0. 0 0. 0	 Male	57. 4	Nursing Assistants Aides & Orderlies	51. 7
Mentally III Provide Day Programming for	Yes		100. 0	Femal e	42. 6		
Developmentally Disabled	Yes		100.0		100. 0		****

Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate 1	Pay		Manageo	l Care		Percent
			Per Dien	n		Per Die	m		Per Diem	1]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0.0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				61 1	00.0	\$148.56	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	61	100.0%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		61 1	00.0		0	0.0		0	0.0		0	0.0		61	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 13. 1 67. 2 19.7 61 Other Nursing Homes 14.3 Dressi ng 42.6 34. 4 23.0 61 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 73.8 42.9 13. 1 13. 1 61 Toilet Use 39.3 0.0 49. 2 11.5 61 0.0 44. 3 32.8 23.0 61 Other Locations 42.9 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 20.0 Occ/Freq. Incontinent of Bladder 34. 4 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 26. 2 0.0 Other Nursing Homes 10.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 1.6 Mobility Physically Restrained 20.0 4.9 44.3 0.0 Other Locations 30.0 Skin Care Other Resident Characteristics 0.0 Have Advance Directives Deaths 20.0 With Pressure Sores 100.0 Total Number of Discharges With Rashes Medi cati ons 3. 3 Receiving Psychoactive Drugs 68. 9 (Including Deaths)

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	FI	OD .	Al l				
	Facility	Faci	lities	Facilties				
	0/			%	Ratio			
	70	%	Ratio	70	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	96. 9	85. 5	1. 13	84. 5	1. 15			
Current Residents from In-County	88. 5	42. 1	2. 10	77. 5	1. 14			
Admissions from In-County, Still Residing	14. 3	19. 5	0. 73	21. 5	0. 66			
Admi ssi ons/Average Daily Census	11. 3	16. 4	0. 69	124. 3	0. 09			
Discharges/Average Daily Census	16. 1	19. 2	0. 84	126. 1	0. 13			
Discharges To Private Residence/Average Daily Census	3. 2	9. 2	0. 35	49. 9	0.06			
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00			
Residents Aged 65 and Older	11. 5	16. 2	0. 71	87. 7	0. 13			
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45			
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00			
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13.09			
Mentally Ill Résidents	0. 0	0. 5	0.00	33. 3	0.00			
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00			
Impaired ADL (Mean)*	38. 0	50. 8	0. 75	49. 4	0.77			
Psychological Problems	68. 9	45. 9	1. 50	50. 1	1. 37			
Nursing Care Required (Mean)*	6. 1	11. 0	0. 56	7. 2	0.86			